Historic, archived document

Do not assume content reflects current scientific knowledge, policies, or practices.

UNITED STATES DEPARTMENT OF AGRICULTURE — Radio Service — OFFICE OF INFORMATION

HOMEMAKERS' CHAT Thursday, April 20, 1939.

(FOR BROADCAST USE ONLY)

Subject: "HEALTH IN REHABILITATION PROGRAMS." Information from the Farm Security Administration, U.S. Department of Agriculture.

--oOo--

Today's report from our Washington correspondent tells of a new approach to the problem of medical care for low-income farm families that have sought aid from the Farm Security Administration. Before I read this letter, however, I should say, perhaps, that good health is regarded as a basic need in re-establishing a farm family that applies for aid.

Aside from humanitarian considerations, it is utterly impossible for a sick or disabled farmer to do hard physical work and raise crops that will pay off a loan. And it is likely that if he has an ailing wife or children who are below par physically, the family will not rise much above their present unfortunate situation. So it is essential to build up the family health if family morale is also to improve.

The Farm Security Administration makes several approaches to the health problem. One is through improving family diet by urging them to grow and conserve more of the foods the family needs. Another is to help provide emergency medical aid at a cost within their ability to pay and in a way that will avoid sudden heavy medical expenses. Our Washington letter deals with the second of these health measures. Now I'll read it.

"The Farm Security Administration announced last fall that with the cooperation of the state medical associations and other professional groups of North and South Dakota, it has worked out plans to provide emergency medical care for eligible low-income farm families of the two states at a cost of $2 per month per

family. Nearly 80,000 families will be helped under this plan, in these two States. Similar plans on a smaller scale are being developed in 22 other states- in Arkansas, Missouri, Mississippi, Texas, Alabama, Georgia, Ohio, Tennessee, Indiana, Oklahoma, Iowa, New Mexico, Virginia, North Carolina, South Carolina, Louisiana, Montana, Colorado, Kansas, Florida, Utah, and New Jersey. Agreements have been reached with state medical associations in West Virginia, Wisconsin, Vermont, and New Hampshire.

"Most extensively used of the medical care plans under which Farm Security Administration borrowers may obtain needed medical care are those organized on a county basis.

"The first step in such a plan is the working out of an understanding with the State Medical Association. On the basis established in state undertakings, the plans for the individual counties are worked out with local physicians.

"Under the plan in most general use each family participating pays into the hands of a trustee, a sum varying from $15 to $30 a family for a year in advance. This money is loaned by Farm Security Administration if necessary. Member families may then call upon doctors who have indicated their willingness to cooperate.

"Doctors attending member families, submit to the trustee at the end of each month bills in line with an agreed schedule of fees. If funds are adequate, all bills are paid in full. If not, each doctor is paid part of the sum available, proportionate to the total fees due him. Families under this plan receive needed emergency medical care. Doctors are assured payment of at least a part of regular fee schedules from families which in the past may have been able to pay little, if anything.

"The medical aid plans have encouraged a sane acceptance of preventive medicine. In many areas, local physicians have served the families in the past with little or no compensation and families, because of unpaid debts, have postponed requests for medical aid, while ailments grew more serious.

"In general, physicians are pleased with the program. Most of the families aided have in the past been unable to pay anything, but are now able to pay at least a part, if not the full amount, due."

Returning to the other approach to the farm family's health, our correspondent continues:

"When a farm family applies to the Farm Security Administration for a money loan, it has come to the place of last resort. In many cases there is little left to the family but their land and house and they are often nearly gone. Livestock and machinery have gone in many cases to satisfy debts such as hospital and medical bills, or the grocer or feed or fertilizer expenses.

"The situation of such families requires the personal attention of a farm supervisor and a home management supervisor, to get at the underlying causes of their economic failure, and to help them, if possible, to get on their feet again, and stay there.

"What such families ask for is a cash loan to tide them over the immediate crisis. What they get is a plan of living and operating the farm, along with the amount of loan that is finally decided on. When they agree to run the farm and home for a year according to plans worked out with the supervisor, the money is advanced with which they can buy livestock, machinery, or whatever is most needed. to get under way. There must be provision in the plan, of course, for repaying the loan.

"The supervisor helps them figure just what crops they will plant, what income can be expected from the crops, how many cows, pigs and chickens they need, how much feed it will take, how much food the family requires for a whole year, how much they should produce and what is the value of this home produced food. Many farmers and their wives find it a revelation to begin planning for 12 months in advance.

"Probably never before have some of these families realized that they could produce, and should produce annually, from four to five hundred dollars' worth of food just to live on. Families have no conception what an adequate diet is. They are amazed to find they need several hundred jars of fruits and vegetables. Often they have attributed their failures to bad luck rather than to bad management. They do not realize that hens do not lay well or cows give enough milk when they lack proper care and feeding. And that the human members of the farm household do not feel well and cannot work or plan well if their health is below par because of dietary deficiencies.

"So major emphasis is placed on the production and conservation of food, as a direct approach to the health problem. There is widespread evidence of the improvement in general health when the family produces the amounts and kinds of food indicated by nutritionists for an adequate diet. And when, in addition, they can get emergency medical attention without upsetting the budget, the level of health in these rural homes can be expected to rise appreciably."

That's the end of the Washington letter about health problems.

# # #